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WHAT MINNESOTA HAS DONE AND SHOULD DO FOR THE FEEBLE-MINDED

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In 1879 the State of Minnesota established a commission to visit hospitals for the insane for the purpose, among other things, of selecting idiotic and feeble-minded persons to be transferred from the hospitals and placed under the control of the institution for the deaf, dumb, and blind at Fairbault. The trustees of that institution were authorized to establish an "experimental school" for training such patients, and an appropriation of \$11,000 was made available for the years 1879 and 1880. In 1881 the beginning of our present school for the feeble-minded was authorized by the legislature as a "Department for Training Imbeciles." The growth and development of the school, which began with less than a hundred patients to its present size and usefulness, with a population of 1,664, is familiar history. Minnesota has often been congratulated for its early recognition of the problem of feeble-mindedness. From 1879 to 1917 the course of legislation has been on the side of developing the school—increasing its physical accommodations—the addition of a farm colony—in 1909 the establishment of the highly important and valuable research department. The legislation of 1917 marks the beginning of a new state policy with respect to the feeble-minded. As that legislation has been operative for a year it seems worth while at this time to consider its purposes and results.

The new law provides for compulsory commitment of feeble-minded persons to the care and custody of the State Board of Control. Heretofore it has been impossible to place feeble-minded persons under state care so long as they or their parents or guardians objected. Admission to the school at Fairbault was voluntary and the length of detention a matter of the will of the patient or of those in authority over him. Manifestly the well-being of the community required permanent control by the community of those who, because of mental defect, are a menace and a constant source of actual and potential danger. The principle is so well recognized where crime and insanity are concerned, that one is at a loss to explain the delay in applying it to the feeble-minded. The terms of our present law constitute a complete

¹State Board of Control, Children's Bureau, St. Paul, Minn.

recognition of the fact that serious interference with personal liberty must be based upon sound reasons of public policy. A feeble-minded person is defined as "any person, minor or adult, other than an insane person, who is so mentally defective as to be incapable of managing himself and his affairs and to require supervision, control and care for his own and the public welfare." This language follows, in the main, the definition contained in the English Mental Deficiency Act—it establishes a practical "conduct test." Actions and conduct harmful to the individual and to the community are a basis for restraint of liberty. Yet conduct is not the sole test, for the law refers to one who is "mentally defective," and the determination of variance from normal intellectual capacity is, in all but obvious cases, a matter for expert opinion after examination by methods known to the psychiatrist and psychologist. It is therefore provided that the State Board of Control shall furnish an expert examiner upon request by the probate judge who has jurisdiction of the proceedings. When there has been a judicial determination that the patient is feeble-minded, he is legally committed to the care and custody of the State Board of Control and the Board is thereupon the guardian of his person, with full authority to protect him and order his movements that others may be protected. The Board is given authority to place him, whenever advisable, in a proper institution. The significance of this form of commitment justifies further comment. The problem of feeble-mindedness is now recognized to be one of diverse phases. State control is the first essential, and the second is flexibility of treatment—the adaptation of the method of supervision to the needs of the particular case. We no longer believe that all feeble-minded persons must be herded together in institutions—unfortunately the problem is not so simple. A feeble-minded child may need training at the school for the feeble-minded, but that training may eventually fit him to take his place in the community where he will still need watchful care. A high grade defective adult of the moron class may be in no sense a subject for institutional restraint, but he will probably need the help and assistance of someone who will find work that he can do and protect him from exploitation. As long as a patient can be made useful and happy in the community by the addition of proper supervision, it is poor economy to take him from the community, but it is equally poor economy to leave him there unaided and without direction. Public opinion will never sanction wholesale incarceration, even of those who are defective, but intelligent people will be equally prompt to insist that the state exercise proper control over those who need it for their own and the public welfare.

The present law reflects the opinion that no single formula ever solved any human problem. Where the feeble-minded are concerned, each case must be individually considered. It may require a period of training and then release in the community under supervision, or the conditions may show that permanent incarceration is necessary. There will be many cases where institutional care is entirely inadvisable and where guardianship alone will suffice. Dr. Fernald of Massachusetts has said, "The state will never be called upon to place all the feeble-minded in institutions. Many cases will never need segregation." In speaking of a prohibition or parole system he says, "Our psychologists tell us that while it is hard for the feeble-minded to learn, it is still harder for them to unlearn, and with many of the feeble-minded the acquired habit of being moral and useful will enable them to lead useful lives outside the institutions."

The report of a committee appointed in Indiana in 1916 to study defectives is as follows: "While well defined cases of mental disease are best treated and cared for in the hospitals, it is unnecessary and unwise to so curtail the liberty of the border line cases. It becomes no small part of the problem to devise wise and humane methods of community care which will effectively extend a protecting and helping supervision over the large number of defectives inadmissible to state institutions."

Since the new law became effective, there have been approximately 140 commitments of feeble-minded persons to the State Board of Control. In presenting some results, I shall consider only the first one hundred as reported by Miss Ecel Hays of the Children's Bureau. Thirty-five of these are not registered by the Children's Bureau as requiring institutional care. Patients below or above the age of possible parenthood and without vicious tendencies usually need personal supervision in their own homes, or the finding of a home if they have none. Oftentimes it is a matter of adjustment between the patient and those about him, which can be made by the agent after investigation. In one case the patient was able-bodied but irresponsible. A relative was informed of his condition and promptly placed him on a farm with people who understand the situation and will make allowances. One girl of wayward tendencies was placed with a woman of unusual understanding, and has received careful supervision so that possible danger is remote—the girl is learning useful things and is receiving wholesome discipline. She is surviving her "test of liberty."

The remaining sixty-five cases were of an institutional character but of varying degrees of urgency. Obviously the woman of child-

bearing age who is without home supervision and of wayward disposition, should be given first consideration. Thirty-five cases of the sixty-five mentioned were given priority of admittance under a plan approved by the State Board of Control and Mr. Hanna. Twenty-one of these were girls ranging in age from fourteen to thirty; eleven were eighteen years old or under. Of the twenty-one girls, eight were either pregnant or had illegitimate children. One girl had had two illegitimate children, and was pregnant for the third time. Thirteen girls between the ages of fourteen and thirty who were not pregnant and who had not given birth to a child, were nevertheless incorrigible and promiscuous in sex relationship.

There is another class of feeble-minded patients whose condition demands immediate attention. Young children living in homes lacking in cleanliness and decency, or where neglect and abuse are found, have been given priority of admittance. There were ten such children among the commitments. One child's mother was a public prostitute. In another instance the child was a sexual pervert and was a menace to the children of the neighborhood. Other children were found living amidst poverty and ignorance.

There are in every community, feeble-minded adults who have criminal tendencies, destructive temper, or are sexually irresponsible. There were ten commitments of that character, and the patients have been sent to the insane hospitals of the district from where they were committed. In one instance a patient had to be sentenced to the reformatory because of his dangerous disposition and vicious conduct, and because there was no other immediate provision available.

It is obvious that no plan of state care for defectives is worth considering that does not provide ample institutional facilities. Any system of parole, after care or guardianship without incarceration, is but an idle theory unless it is possible to house those who really need detention. The institution is the very base of the pyramid upon which must be built the plan of supervision of patients in their communities, for supervision will often fail and there must be recourse to detention. It is unthinkable that there should not be provision for the low grade, helpless idiot—it should never be necessary to reject such patients for lack of room. The education and training of the higher grade defective children is an obligation no less compelling than that of educating normal children, and there should always be room to receive such children, who cannot profit by home care or the public schools. Good sense does not tolerate the rejection of pupils in public schools for lack of room. Why should we be less solicitous about our defectives?

Children of defective parents are almost sure to carry the defective inheritance. The state cannot permit its feeble-minded girls and women to corrupt the human stream, and those patients should always be under institutional care unless thoroughly adequate provision is being otherwise made. How much longer will it be possible to say that the state has not room enough to incarcerate those who transmit forces of devitalization and destruction? Heretofore we have cared for the feeble-minded and the epileptic at the same institution. It is difficult to appreciate fully the injustice of such a classification. For those who are normal save for epilepsy, it is a humiliation to live with and be treated as the feeble-minded. All thinking people are agreed that there should be a complete separation whenever increased institutional provision is made.

There are 1,664 patients at the school for the feeble-minded, and the institution is crowded far beyond its capacity. Mr. Hanna has constantly felt the pathetic pressure of some 500 to 600 who seek voluntary admission. I have already pointed out that the State Board of Control has guardianship by commitment of some 140 patients. Some of these have already been received. Many more will undoubtedly need admittance, and within the next two years, if the present rate continues, the Board will have under its guardianship four hundred and fifty to five hundred and fifty patients. More than half of this number will be on need of institutional care, based on the past year's experience. It is likely that many persons now on the waiting list at Faribault will be committed, thus reducing the number of voluntary applicants. At the Rochester Hospital for the Insane, Dr. Kilbourne estimates six per cent as feeble-minded. In numbers this would probably mean between ninety and one hundred. Dr. Phelps, at the St. Peter Hospital, estimates that there are thirty imbeciles and six that are designated as epileptic and feeble-minded. The State Public School at Owatonna has twenty-eight feeble-minded pupils, and Mr. Merrill points out that they are a distinct handicap to his work from every point of view. Mr. Tate estimates that there are eight or ten feeble-minded children in the school for the deaf. Mr. Fulton finds about fifteen of the boys at the training school who are definitely feeble-minded; this means from thirty to thirty-five. Mr. Morse has found thirty definitely feeble-minded girls at Sauk Centre and twenty-five cases on the borderline. Mr. Scott reports about thirty definitely feeble-minded prisoners in the Reformatory. Statistics from the other state institutions were not reported, but they will probably show a ratio similar to that found in the institutions of like character listed

above. It is not fair to assume that all subnormal persons in institutions other than the school for defectives are misplaced, but will anyone deny that the definitely feeble-minded belong in an institution designed to meet their especial needs and not in institutions provided for the care of entirely different types? Mrs. Morse has put it well when she says that patients who are below the mental capacity of normal rehabilitation should be in school for the feeble-minded. I believe that a conservative estimate of the number of feeble-minded patients improperly placed in state institutions would be not less than 200, and probably the number is larger.

As further evidence of our institutional needs, a report from the Department of Vocational Guidance of the Minneapolis schools shows 188 persons definitely feeble-minded and in need of state care. Reliable figures are not available at this time from any other city in the state, but there is abundant proof here, as elsewhere, of the pressing need for greatly enlarged facilities. Mr. Hanna, if I understand him correctly, believes that the school at Faribault should not be enlarged, and that our future development should be in another direction. The course of our future development in this matter is one of great importance and it is wise to see what light can be thrown upon the problem from the experience of other states.

The Massachusetts School for the Feeble-Minded at Waverly, the Vineland School of New Jersey, and the Rome State Custodial Asylum have carried on experiments in the way of farm colony care for the feeble-minded, which have challenged attention everywhere. These colonies have been located on undeveloped land which is cleared by the patients. Comfortable but inexpensive buildings are erected, and the patients live in families of one to two hundred in a building. The plan is started with a view to future expansion as the need arises, and large tracts of land are purchased in the beginning. The per capita cost is relatively lower than in the large and expensive institutions. The land as cleared is rapidly enhanced in value, and later the soil can be tilled. But the business aspect is only incidental, because the simple environment and out-door life are suited to the needs of the feeble-minded, and because the colony plan is the humane method of state care for defectives. If this plan could not be maintained on a self-sustaining bases, it would still be economy to adopt it and the patients would lead happier and more useful lives even though the amount of work they are capable of performing is relatively small. Dr. Walter Fernald of the Massachusetts institution, says in his report of 1916: "Our tillable land at the colony is now in a high state of cultivation

as a result of the constant efforts of the boys. The total value of our farm products during the past year was \$67,286. During the year the boys at the colony cleared six acres of rough land ready for plowing, built 606 square yards of cement sidewalk, 1,750 square feet of cement partitions, 618 square yards of basement, 2,200 square yards new roads, and re-surfaced 1,800 square yards of roads. This work was in addition to the work done by the boys in the construction of the new cement cow barn and hayshed, and the fireproof bungalow for 15 boys." The colony of which Dr. Fernald speaks has 2,000 acres and four sets of buildings, with a population of 300 boys. The colony is really four colonies, for each group is about a mile apart, and the grouping is based upon differentiated treatment for different types, and the total cost for buildings and furnishings per capita was \$200.00. Dr. Fernald further says, "Boys who had become restless, unhappy, and troublesome at the home school, who felt aggrieved at seeing things they couldn't have, and at seeing other people enjoy privileges which were denied them—these boys now make our estate their home. They never go to town. The house-mother of their colony represents to them what a mother is to a normal boy. This is the nearest approach to family life which many of them are capable of knowing." I shall not soon forget the impressions I received at Vineland, N. J., when I visited the colony maintained there. The simple buildings were models of comfort and convenience. They were built with the aid of the labor of patients who were all busily engaged about the farm, performing more or less useful work. They seemed contented and happy and were learning the routine of farm life so far as their individual capacities permitted. Minnesota has an abundance of wild land which needs clearing. Our climate is, of course, colder than that of the states where the farm colony plan has worked so successfully, but there are no insurmountable objections. It is not practicable to establish in northern Minnesota a colony for the epileptics, so that all of them may be transferred from Faribault and another colony for the feeble-minded, perhaps as a beginning only for the males? The more able-bodied men and boys can be transferred from Faribault and others could be sent there by commitment. The plan is not an untried experiment, but a proved success, and I believe Minnesota will do well to adopt it immediately, with such adaptations as local conditions may make necessary.² The need for additional facilities is so overwhelming

²Since this paper was delivered the state legislature, at the request of the Board of Control, has given the Board authority to select four sections of state timber land, two sections to be used as a colony for epileptics and two sections

that immediate provision should be made for not less than 500 patients, and this should be regarded simply as a beginning. It is also clear that if the present plan for supervision of patients outside the institution are to be made effective, the State Board of Control will need at least two additional trained agents who can devote all of their time to that work. There should also be a trained psychiatrist on the staff who could make examinations in probate court when requested by the judge under the commitment law. None of our state institutions, save, of course, the school for the feeble-minded, has a skilled mental expert on its staff. There should be someone to examine all inmates at the institutions. Dr. Kuhlman cannot multiply himself sufficiently to meet our present needs, and he has important research work to be done. This expert could also aid in the establishments of mental clinics in the various localities of the state, especially in the large cities, perhaps under the supervision of the county child welfare boards. Our charitable agencies, the schools, and the courts are working blindly at times for lack of complete knowledge of the person with whom they are dealing. There should be a clinic available for the use of all, where examinations could be made and where proper information could be obtained. Our cities have medical clinics—mental clinics are at least equally necessary, for diagnosis is a pre-requisite to intelligent treatment. One hesitates to think of the number of men who are repeatedly before the criminal courts on serious charges, who may be utterly irresponsible because of defective mentality. Jails and prisons do nothing for such people—they need a very different handling. A clinic with an out-patient department would be of inestimable assistance in our problems of parole supervision. The clinic will make possible helpful and constructive action and will be a registry for the feeble-minded of the community.

Any state plan for the care of the feeble-minded must relate itself definitely to the public school system and to the work of the department of special classes and the departments of vocational guidance. Under our compulsory education law, every child should come to the attention of the school authorities and if there were a proper mental examination of the pupils, the school record would eventually constitute a complete registration of the feeble-minded. Of course, there is no such examination made save in special instances. We are only slowly being committed to general physical examinations, but we know what good results have been achieved where it has been tried—the hidden

for the feeble-minded. An appropriation of \$150,000 was also granted to begin the construction of the colonies.

defect disclosed—the obvious defect remedied. Mental examinations are in the same case. I can cite no better authority than the War Department, which has established mental clinics in certain of the cantonment cities, and they are being extended. Mental examination discloses defects and aptitudes—limitations and capabilities—and the men can be assigned in accordance with their special talents. It is a prophetic development in a hitherto unexplored hinterland. If our school system is to be adapted to the child and not the child to the system, we shall have to know what the child needs or is capable of, mentally as well as physically. How can this knowledge be obtained save by psychological inquiry? All of our school children will one day be examined both as to body and mind. Minneapolis, St. Paul and Duluth at the present time examine children who are obviously backward or behind in their grades for the purpose of putting such children in special classes suited to their particular needs. The state grants a special bounty to every school maintaining such special classes, and children are received who are not more than six years retarded; in some cases four years' retardation is the maximum. Minneapolis has twelve such classes, with an enrollment of about 200, and a need of more classes for about 120 additional children. What the number might be with complete examination, one can only speculate. St. Paul is now caring for approximately 150 mentally subnormal children. Duluth has seven special classes, with an enrollment of 105. But what of the rural counties? There are 122 children in various parts of the state being cared for, and in scarcely no county is there anything which approaches adequate examination. The larger number in need of special training in the cities gives a glimpse of what the real problem is in the rural districts; for no one should be deceived into thinking that there are fewer backward and feeble-minded children outside the cities than in. It is surely as important to train properly subnormal as normal children. We are not justified in making any less provision for one group than the other. The special classes should be greatly enlarged and extended, with proper equipment and competent teachers. There should be attached to the classes, social service workers doing work akin to that now done in some communities by the visiting teachers; i. e., establishing contact between the home and the school so that there may be mutual sympathy and understanding. The child after he leaves the school must not drift unaided—that is the real test time of his training and he should be helped to adjust himself to the community on a basis of self help. It is again a question of wise supervision.

When the mental examinations become a part of general routine, the records should be tabulated yearly, and all pupils too far retarded for special class work should have state care and should be reported to the State Board of Control—it may then be necessary to commit to the Board, but at all events complete registration will have been affected, which is the basic need in adequate state care.

Dr. Fernald has said that “the problem of the mental defective in the home, the school, the street, the police court, the jail, the brothel, the pauper asylum, constitutes one of the great sociological and economic questions of modern times.” Minnesota has faced that problem with courage and efficiency in the face of the fact that scientific thought on the feeble-minded has been developing slowly out of the confusion of conflicting counsels. The record of our state and of the men who have directed the state’s policy is one of great achievement. We have done better than some other states, but our responsibility is measured by the work to be done, by the claims of defective human beings and not by what some one else has failed to do. A good record is sometimes a danger, for it may lull public opinion to sleep and we may only dream about the problem of the present and the future. These are days when conservation of human vitality becomes of supreme importance—the preservation of healthy life is patriotism plus humanity plus good business for our civilization. The human values are of peculiar significance in war time more than in time of peace—neglect of them is less justified now than ever before. If adequate provision in these matters be called visionary and impractical, I can reply that sometimes the difference between what is regarded as visionary or practical is measured only by the increased effort necessary to secure that which approaches the ideal. The feeble-minded of the state in the poignant tragedy of their condition are deserving of the utmost consideration.